

EXHIBIT 1

FORM B

SUPERIOR COURT OF NEW JERSEY
LAW DIVISION, CIVIL PART

David P. TARINO BERGEN County

Your Name (first, middle, last)

366 Sutton Ave

Docket Number

174D8-D

Street Address

Hackensack NJ 07601

Town, State, Zip Code

201 487 2359

Telephone Number

CIVIL ACTION

Los Angeles Airport
MARRIOTT HOTEL
5855 W. CENTURY BLVD
Los Angeles CA 90045

Plaintiff

Summons

David P. TARINO
Defendant

From The State of New Jersey
To The Defendant(s) Named Above:

The plaintiff, named above, has filed a lawsuit against you in the Superior Court of New Jersey. The complaint attached to this summons states the basis for this lawsuit. If you dispute this complaint, you or your attorney must file a written answer or motion and proof of service with the deputy clerk of the Superior Court in the county listed above within 35 days from the date you received this summons, not counting the date you received it. (The address of each deputy clerk of the Superior Court is provided.) If the complaint is one in foreclosure, then you must file your written answer or motion and proof of service with the Clerk of the Superior Court, Hughes Justice Complex, P.O. Box 971, Trenton, NJ 08625-0971. A filing fee payable to the Treasurer, State of New Jersey and a completed Case Information Statement (available from the deputy clerk of the Superior Court) must accompany your answer or motion when it is filed. You must also send a copy of your answer or motion to plaintiff's attorney whose name and address appear above, or to plaintiff, if no attorney is named above. A telephone call will not protect your rights; you must file and serve a written answer or motion (with fee of \$135.00 and completed Case Information Statement) if you want the court to hear your defense.

FORM B

If you do not file and serve a written answer or motion within 35 days, the court may enter a judgment against you for the relief plaintiff demands, plus interest and costs of suit. If judgment is entered against you, the Sheriff may seize your money, wages or property to pay all or part of the judgment.

If you cannot afford an attorney, you may call the Legal Services office in the county where you live. A list of these offices is provided. If you do not have an attorney and are not eligible for free legal assistance, you may obtain a referral to an attorney by calling one of the Lawyer Referral Services. A list of these numbers is also provided.

Theodore J. Fetter

Acting Clerk of the Superior Court

DATED: OCT 5 2007

Name of Defendant to Be Served: MARRIOTT LOS ANGELES AIRPORT

Address of Defendant to Be Served: 5855 W. CENTURY BLVD.

LOS ANGELES CA. 90045

BERGEN COUNTY COURT HOUSE
SUPERIOR COURT LAW
BERGEN COUNTY JUSTICE CTR RM 415
HACKENSACK NJ 07601-2600

COURT TELEPHONE NO. (201) 527-2600
COURT HOURS

TRACK ASSIGNMENT NOTICE

DATE: OCTOBER 09, 2007
RE: TARINO VS MARRIOTT HOTEL
DOCKET: BER L -007408 07

THE ABOVE CASE HAS BEEN ASSIGNED TO: TRACK 2.

DISCOVERY IS 300 DAYS AND RUNS FROM THE FIRST ANSWER OR 90 DAYS FROM SERVICE ON THE FIRST DEFENDANT, WHICHEVER COMES FIRST.

THE PRETRIAL JUDGE ASSIGNED IS: HON ROBERT L. POLIFRONI

IF YOU HAVE ANY QUESTIONS, CONTACT TEAM 001
AT: (201) 527-2600.

IF YOU BELIEVE THAT THE TRACK IS INAPPROPRIATE YOU MUST FILE A CERTIFICATION OF GOOD CAUSE WITHIN 30 DAYS OF THE FILING OF YOUR PLEADING. PLAINTIFF MUST SERVE COPIES OF THIS FORM ON ALL OTHER PARTIES IN ACCORDANCE WITH R.4:5A-2.

ATTENTION:

DAVID P. TARINO
366 SUTTON AVENUE
HACKENSACK NJ 07601

JURISDI

Kotic
201 527-2674

FORM A

SUPERIOR COURT OF NEW
JERSEY
LAW DIVISION

DAVID P. TARINO BERGEN County
 Your Name (first, middle, last) L740K-07
366 SUTTON AVE Docket Number
 Street Address (to be filled in by the court)
Hackensack NJ 07601 SUPERIOR COURT BERGEN COUNTY
 FILED
 Town, State, Zip Code OCT 5 2007
201 487 2089 Telephone Number

David P. Tarino CIVIL ACTION
 MARRIOTT HOTEL DEPUTY CLERK
 LOS ANGELES AIRPORT
 5855 W. CENTURY BLVD.
 LOS ANGELES CA 90045
 V.

Complaint

Plaintiff, DAVID P. TARINO residing at
366 Sutton Ave (your name) CITY of Hackensack
 (your address) (your city or town)
 County of BERGEN (your county)

State Of New Jersey, complaining of defendant, states as follows:

1. On OCT 5 2007 Defendant
 (name of person being sued)

(Summarize what happened that resulted in your claim against the defendant. Use additional pages if necessary.)

*While checking into the Marriott Hotel
 in LA, CA, I was assaulted by a felon
 breaking his domestic gear weapon. He
 was served. After a month of trying to
 negotiate, without any cooperation from my
 personal intervention to the authorities.*

Review 09/2006, CN 10553-English

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FORM A

The defendant in this action resides at MARRIOTT HOTEL LAX
(defendant's address)
In the County of Los Angeles, State Of New Jersey
(name of county where defendant lives) (OCT 31 2007)

2. Plaintiff is entitled to relief from defendant under the above facts.
3. The harm that occurred as a result of defendant's acts include:

(list each item of damage and injury).

1. AIDING AND ABETTING ASSAULT
2. FAILURE TO PROTECT IDENTITY
3. CITIZENSHIP
4. BREACH OF IMPLIED CONTRACT

Wherefore, plaintiff requests judgment against defendant for damages, together with attorney's fees, if applicable, costs of suit, and any other relief as the court may deem proper.

Dated: OCT 31 2007 Signature: Dale Tard

CERTIFICATION OF NO OTHER ACTIONS

I certify that the dispute about which I am suing is not the subject of any other action pending in any other court or a pending arbitration proceeding to the best of my knowledge and belief. Also, to the best of my knowledge and belief no other action or arbitration proceeding is contemplated. Further, other than the parties set forth in this complaint, I know of no other parties that should be made a part of this lawsuit. In addition, I recognize my continuing obligation to file and

FORM A

serve on all parties and the court an amended certification if there is a change in the facts stated in this original certification.

Dated: OCT 5, 2007 Signature: Sgt P. Toms

OPTIONAL: If you would like to have a Judge decide your case, do not include the following paragraph in your complaint. If you would prefer to have a jury to decide your case, please sign your name after the following paragraph.

JURY DEMAND

The plaintiff demands trial by a jury on all of the triable issues of this complaint pursuant to New Jersey Court Rules 1:8-2(b) and 4:35-1(a).

Dated: OCT 5, 2007 Signature: Sgt P. Toms



CIVIL CASE INFORMATION STATEMENT (CIS)

Use for initial Law Division

Civil Part pleadings (not motions) under Rule 4:5-1
Pleading will be rejected for filing, under Rule 1:5-6(c),
if information above the black bar is not completed or
if attorney's signature is not affixed.

FOR ATTORNEY/PLAINTIFF USE ONLY

PAYMENT TYPE: CK CQ CA

CHK/CHECK NO.:

AMOUNT:

OVERPAYMENT:

BATCH NUMBER:

1. ATTORNEY/PRO SE NAME <i>David P. Tarcino</i>	2. TELEPHONE NUMBER <i>201 987 2389</i>	3. COUNTY OF VENUE <i>Bergen</i>
4. FIRM NAME (if applicable)	5. DOCKET NUMBER (When available) <i>74D-07</i>	
6. OFFICE ADDRESS	7. DOCUMENT TYPE	
8. NAME OF PARTY (e.g., John Doe, Plaintiff) <i>DAVID P. TARCINO 356 S. Han Ave Hackensack, NJ 07601 201 987-2389</i>	9. JURY DEMAND <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
10. CAPTION <i>DAVID P. TARCINO v. HARRIS, INC.</i>	11. CASE TYPE NUMBER (See reverse side for listing) <i>699</i>	
12. IS THIS A PROFESSIONAL MALPRACTICE CASE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	13. RELATED CASES PENDING? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
14. IF YES, LIST DOCKET NUMBERS		15. NAME OF DEFENDANT'S PRIMARY INSURANCE COMPANY, IF KNOWN <input type="checkbox"/> NONE <input checked="" type="checkbox"/> UNKNOWN
16. DO YOU ANTICIPATE ADDING ANY PARTIES (either out of same transaction or documents)? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		17. A. DO PARTIES HAVE A CURRENT PART OR RECURRENT RELATIONSHIP? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
		18. B. DOES THE STATUTE GOVERNING THE CASE PROVIDE FOR PAYMENT OF FEES BY THE LOSING PARTY? <input type="checkbox"/> YES <input type="checkbox"/> NO
19. USE THIS SPACE TO ALERT THE COURT TO ANY SPECIAL CASE CHARACTERISTICS THAT MAY WARRANT INDIVIDUAL MANAGEMENT OR ACCELERATED DISPOSITION.		

THE INFORMATION PROVIDED ON THIS FORM CANNOT BE INTRODUCED INTO EVIDENCE.

CASE CHARACTERISTICS FOR PURPOSES OF DETERMINING IF CASE IS APPROPRIATE FOR MEDIATION

20. DO YOU OR YOUR CLIENT NEED ANY DISABILITY ACCOMMODATIONS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	21. WILL AN INTERPRETER BE NEEDED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	22. ATTORNEY SIGNATURE <i>David P. Tarcino</i>
23. IF YES, PLEASE IDENTIFY THE REQUESTED ACCOMMODATION IF YES, FOR WHAT LANGUAGE		

Revised 09/2006, CN 10517-English
How to File a Complaint in the Superior Court of New Jersey - Law Division - Civil Part, CN 10533-English

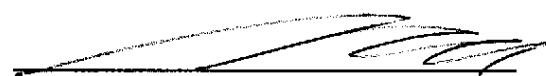
MAILING CERTIFICATION

I hereby certify that I today caused an original and two copies of the within Notice of Removal to be filed with the Clerk, U.S. District Court of New Jersey, Martin Luther King, Jr. Federal Building & U.S. Courthouse, 50 Walnut Street, Newark, NJ 07101 by VIA OVERNIGHT MAIL.

Dated: Hackensack, NJ
November 13, 2007

Yours, etc.
GARBARINI & SCHER, P.C.

By:



WILLIAM G. SCHER (WS 2891)